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27964 7590 03/04/2004

HITT GAINES P.C.
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Elizabeth Schumacher	(Depositor's name)
<i>Elizabeth Schumacher</i>	(Signature)
May 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/038,734	12/31/2001	Seungmoo Choi	CHOI 30-10-5-4-13	3732

TITLE OF INVENTION: METHOD FOR FABRICATING MOS DEVICE WITH HALO IMPLANTED REGION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOOTH, RICHARD A	2812	257-345000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agere Systems Inc.

Allentown, PA 18109

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 1 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2395 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Charles W. Gaines *Charles W. Gaines* 05-25-2004

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06/01/2004 WABRHAM2 00000152 10038734

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	3.00 OP

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